

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1		1				51	
2				1			52	
3							53	
4	3	0	3	3			54	
5	2		3	3			55	
6	2		3	3			56	
7	(1)		3	3			57	
8	(1)		3	3			58	
9	(1)		3	3			59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
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35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	1
48							98	
49							99	
50							100	
TOTAL IND.	14		20				TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS	15		21				TOTAL CLAIMS	